

# **MINNESOTA BOARD OF BEHAVIORAL** **HEALTH AND THERAPY**

2829 University Avenue Southeast  
Suite # 210  
Minneapolis, MN 55414  
612-617-2178; FAX 612-617-2187



Minnesota Relay Service:  
1-800-627-3529

## **SPONSOR APPLICATION FOR APPROVAL OF A LPC and LPCC CONTINUING EDUCATION COURSE**

**Application Fee: \$60**

### **INSTRUCTIONS**

1. Please fill out this form completely. Incomplete applications will delay processing of your application for approval of continuing education activities.
2. You must submit a completed application at least 60 days prior to the start date of your proposed continuing education activity to guarantee a decision prior to the start date. If your application is received within 60 days, it will still be considered for approval, but approval may not be granted until after the activity has been held.
3. You must include a copy of any proposed advertisements or other promotional literature with your completed application.
4. If your activity is approved, you should include in any promotional literature a statement that "This activity has been approved by the Minnesota Board of Behavioral Health and Therapy for ...hours of credit for LPC's."
5. Approval of continuing education activities is made in accordance with Minn. R. 2150.2540 to 2150.2550.
6. Approval remains in effect for one year from the date of initial approval. Upon expiration, you must submit to the board a new application for activity approval as required by Minn. R. 2150.2550, subp. 1.
7. Pursuant to Minn. Stat. sec. 148B.53, subd. 3 the fee for pre-approval consideration of a continuing education activity is \$60 per course. Please make your check or money order payable to "BBHT." Pursuant to Minn. Stat. sec. 604.113 there will be a \$30 service charge on all checks not honored by your financial institution.

**SPONSOR APPLICATION FOR APPROVAL OF A LPC AND LPCC  
CONTINUING EDUCATION COURSE**  
*Required Information (unless otherwise noted)*

**Sponsor Information:**

1. Have you submitted course information to the Board in the past (please circle)? Y N
2. Name of Sponsor Organization: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Contact Person's Name: ☐Mr. ☐Ms. ☐Dr. \_\_\_\_\_
5. Contact Person's Telephone Number: \_(\_\_\_\_\_)\_\_\_\_\_
6. Contact Person's E-mail Address: \_\_\_\_\_
7. Organization Telephone Number: \_(\_\_\_\_\_)\_\_\_\_\_
- Organization Website Address (if applicable): \_\_\_\_\_

**Course Information:**

8. Title of Presentation \_\_\_\_\_
9. Date(s) of Presentation: \_\_\_\_\_
10. Number of continuing education hours sought: \_\_\_\_\_
11. Presenter(s) (Please include credentials. Attach additional sheets if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Provide a statement of the objectives of the activity and the knowledge the participants will have gained upon completion of the activity. Attach additional sheets if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Provide a description of the objectives of the content and methodology of the activity that will allow the participants to meet the objectives. Attach additional sheets if necessary.

---

---

---

---

---

---

---

14. Provide a description of the method to be used by participants to evaluate the activity.

---

---

---

---

15. Provide a description of the method by which you will be providing verification of attendance of participants. Attach a copy of the certificate, if applicable.

---

---

---

---

---

---

---

16. State whether you will agree to retain attendance lists for a period of five years from the date of the activity.

---

---

---

**FOR BOARD USE ONLY**

1. Date Received: \_\_\_\_\_
2. Date Reviewed: \_\_\_\_\_
3. Approved \_\_\_\_ Yes \_\_\_\_ No
4. Hours approved: \_\_\_\_\_
5. Date notified: \_\_\_\_\_
6. Log number: \_\_\_\_\_